


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90183 045 \*\*\*150.00

|   |                                  |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
|---|----------------------------------|---|--|---|--|-------|---|---------------------------------|------|------------------|--|----------------|---------------------|--|-----------------|-------------------------|--|-------|----|---------------------------------|------|------------------|--|----------------|----------------------------------|--|-----------------|------------------------|--|-------|---|---------------------------------|------|-----------------|--|----------------|----------------------------------|--|-----------------|------------------------|--|-------|--|---------------------------------|------|--|--|----------------|--|--|-----------------|--|--|-------|--|---------------------------------|------|--|--|----------------|--|--|-----------------|--|--|-------|--|---|------|--|--|----------------|--|--|-----------------|--|--|-------|--|---|------|--|--|----------------|--|--|-----------------|--|--|-------|--|---|------|--|--|----------------|--|--|-----------------|--|--|-------|--|---|------|--|--|----------------|--|--|-----------------|--|--|
| <b>DOCUMENT # P04000127647</b><br>1. Entity Name<br>REDSQUARE IMPORTS, INC.   |                                  |   |  |    |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| Principal Place of Business<br>1301 RIVERPLACE BLVD.<br>SUITE 2600<br>JACKSONVILLE, FL 32207  |                                  |   | Mailing Address<br>1301 RIVERPLACE BLVD.<br>SUITE 2600<br>JACKSONVILLE, FL 32207 |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| 2. Principal Place of Business<br><i>PO Box 40755</i><br>Suite, Apt. #, etc.  |                                  | 3. Mailing Address<br><i>PO Box 40755</i><br>Suite, Apt. #, etc.  |  | <div style="font-size: 1.2em; font-weight: bold;">50048256</div>    |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| City & State<br><i>Jacksonville FL</i>  |                                  | City & State<br><i>Jacksonville FL</i>  |  | 4. FEI Number <span style="float: right;"><input checked="" type="checkbox"/> Applied For<br/><input type="checkbox"/> Not Applicable</span>  |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| Zip <i>32203</i> Country <i>Dual</i>  |                                  | Zip <i>32203</i> Country <i>Dual</i>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| 6. Name and Address of Current Registered Agent<br><br>YOKAN, MICHAEL R ESQ.<br><del>1301 RIVERPLACE BLVD.</del><br><del>SUITE 2600</del><br><del>JACKSONVILLE, FL 32207</del>  |                                  |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><i>2824 St Johns Ave</i><br>City <i>Jacksonville</i> <b>FL</b> Zip Code <i>32205</i> |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br><div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE <i>[Signature]</i><br/> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <i>5/2/05</i><br/> <small>DATE</small> </div> </div>   |                                  |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>Due by September 7, 2005</b>   |                                  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| <div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FORSYTHE, JOHN E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>309 JEFFREYS STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PLEASANT HILL, MO 64080</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>YOKAN, MICHAEL R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1301 RIVERPLACE BLVD., STE. 2600</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JACKSONVILLE, FL 32207</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HUTCHENS, CAROL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1301 RIVERPLACE BLVD., STE. 2600</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JACKSONVILLE, FL 32207</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div> |                                  |   |  |   |  | TITLE | P | <input type="checkbox"/> Delete | NAME | FORSYTHE, JOHN E |  | STREET ADDRESS | 309 JEFFREYS STREET |  | CITY - ST - ZIP | PLEASANT HILL, MO 64080 |  | TITLE | VP | <input type="checkbox"/> Delete | NAME | YOKAN, MICHAEL R |  | STREET ADDRESS | 1301 RIVERPLACE BLVD., STE. 2600 |  | CITY - ST - ZIP | JACKSONVILLE, FL 32207 |  | TITLE | S | <input type="checkbox"/> Delete | NAME | HUTCHENS, CAROL |  | STREET ADDRESS | 1301 RIVERPLACE BLVD., STE. 2600 |  | CITY - ST - ZIP | JACKSONVILLE, FL 32207 |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  |
| TITLE   | P                                | <input type="checkbox"/> Delete   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| NAME  | FORSYTHE, JOHN E                 |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| STREET ADDRESS  | 309 JEFFREYS STREET              |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| CITY - ST - ZIP   | PLEASANT HILL, MO 64080          |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| TITLE   | VP                               | <input type="checkbox"/> Delete   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| NAME  | YOKAN, MICHAEL R                 |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| STREET ADDRESS  | 1301 RIVERPLACE BLVD., STE. 2600 |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| CITY - ST - ZIP   | JACKSONVILLE, FL 32207           |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| TITLE   | S                                | <input type="checkbox"/> Delete   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| NAME  | HUTCHENS, CAROL                  |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| STREET ADDRESS  | 1301 RIVERPLACE BLVD., STE. 2600 |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| CITY - ST - ZIP   | JACKSONVILLE, FL 32207           |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| TITLE   |                                  | <input type="checkbox"/> Delete   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| NAME  |                                  |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| STREET ADDRESS  |                                  |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| CITY - ST - ZIP   |                                  |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| TITLE   |                                  | <input type="checkbox"/> Delete   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| NAME  |                                  |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| STREET ADDRESS  |                                  |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| CITY - ST - ZIP   |                                  |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| TITLE   |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| NAME  |                                  |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| STREET ADDRESS  |                                  |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| CITY - ST - ZIP   |                                  |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| TITLE   |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| NAME  |                                  |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| STREET ADDRESS  |                                  |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| CITY - ST - ZIP   |                                  |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| TITLE   |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| NAME  |                                  |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| STREET ADDRESS  |                                  |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| CITY - ST - ZIP   |                                  |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| TITLE   |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| NAME  |                                  |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| STREET ADDRESS  |                                  |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| CITY - ST - ZIP   |                                  |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.   |                                  |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE: <i>[Signature]</i><br/> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 40%; text-align: right;"> <i>5/2/05</i> <i>904-854-8011</i><br/> <small>Date Daytime Phone #</small> </div> </div>  |                                  |   |  |   |  |       |   |                                 |      |                  |  |                |                     |  |                 |                         |  |       |    |                                 |      |                  |  |                |                                  |  |                 |                        |  |       |   |                                 |      |                 |  |                |                                  |  |                 |                        |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |

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5048256  
**LAW OFFICE OF MICHAEL R. YOKAN**

P.O. Box 40755  
Jacksonville, Florida 32203

May 2, 2005

Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

Re: Redsquare Imports, Inc.

Dear Madam or Sir:

Enclosed please find the 2005 Annual Report for Redsquare Imports, Inc. Also enclosed please find my firm check number 1767 in the sum of \$150.00 as and for the filing fee. I attempted to file online this past weekend, but the credit card processing system for your site was not accessible. I also tried to file online today, but the system attempted to charge me a \$400.00 late fee. Accordingly, please accept the enclosed report and check for Redsquare Imports, Inc.'s Annual Report. However, if it is your position that a late fee is due, please return the enclosed check to me as the corporation has not yet transacted any business and we would prefer to dissolve it rather than pay a late fee.

Thank you for your attention to this matter.

Sincerely yours,



Michael R. Yokan

Via: Hand Delivery  
MRY/sav